

State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Mediation Service
6 State House Station
Augusta, ME 04333-0006

G. STEVEN ROWE,
Attorney General

COMPLAINT FORM PYRAMID

Complaint # _____

Mediator _____

PDF

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type.**

Name Of Business Complaint Is To Be Filed Against

Name of
Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Fax: _____

Email: _____

Name of Consumer

Your
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: Work _____ Home _____

Fax: _____

Email: _____

Name of the person who started the pyramid in your area

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

What is the name of the pyramid you are involved in?

How much did you pay into the pyramid? \$ _____

What date did you make the payment? _____

Did you ever reach the top of the pyramid and receive any money? Yes _____ No _____

If yes, how much money did you receive? \$ _____

Have you asked for the return of your money? Yes _____ No _____

What was the response? _____

PLEASE COMPLETE THE OTHER SIDE

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Today's date: _____ **Your Signature:** _____